

Board Verification Request Please include an envelope for your Board(s).

(If you are licensed in Arkansas, please disregard this sheet)

DATE_____

TO: Arkansas Board of Registration For
Professional Engineers and Land Surveyors
P.O. Box 3750
Little Rock, AR 72203-3750

(Name of Applicant)_____
(Street Address)_____
(City) (State) (Zip)

Phone(_____) - _____

Social Security _____ - _____ - _____

Date of Birth _____ - _____ - _____

FROM:**I. THE ABOVE-NAMED PERSON WAS REGISTERED AS:**

	Certificate Number	Date Issued	Valid Until
() ENGINEER INTERN	_____	_____	_____
() PROFESSIONAL ENGINEER	_____	_____	_____
() SURVEYOR INTERN	_____	_____	_____
() PROFESSIONAL SURVEYOR	_____	_____	_____

II. BASIS OF REGISTRATION:

	Hours	Results	NCEES	Exam Date
1. () WRITTEN EXAMINATION	FE _____	_____	_____	_____
PE Application Date: _____	PE _____	_____	_____	_____
	FS _____	_____	_____	_____
	PS _____	_____	_____	_____

STATE SPECIFIC/OTHER:

() EXAMINATION OPTION: (DISCIPLINE) _____

2. () FE/FS ACCEPTED FROM: _____

() PE/PS ACCEPTED FROM: _____

3. () Was the NCEES cut score Used? ☐ YES ____ ☐ NO ____ If NO, please explain _____4. () Were veteran preference points applied to the score? ☐ YES ____ ☐ NO ____ If YES, please explain _____

5. () GRADUATION AND EXPERIENCE: If combined time was less than 8 years experience or degree was a non-ABET engineering curriculum, please check here () and give details on the other side.

6. () Any disciplinary action taken () Enforcement Exchange Please explain on reverse side

III. REMARKS:

(Board Seal)

BY: _____

TITLE: _____

DATE: _____

A STAMPED, ADDRESSED ENVELOPE IS ENCLOSED FOR RETURN OF THIS FORM.

If a fee is required, notify the applicant by phone, please do not delay the processing of this form.